

B1 (Official Form 1)(1/08)

<b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>		<b>Voluntary Petition</b>										
Name of Debtor (if individual, enter Last, First, Middle): <b>Christman, Janice M</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):											
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):											
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-9488</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)											
Street Address of Debtor (No. and Street, City, and State): <b>12736 South Parnell Avenue</b> <b>Chicago, IL</b> <div style="text-align: right; margin-top: 5px;">ZIP Code <b>60628-7112</b></div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>											
County of Residence or of the Principal Place of Business: <b>Cook</b>	County of Residence or of the Principal Place of Business:											
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>											
Location of Principal Assets of Business Debtor (if different from street address above):												
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.										
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).										
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		<b>THIS SPACE IS FOR COURT USE ONLY</b>										
<b>Estimated Number of Creditors</b> <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>			<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99		<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>			<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion			
<b>Estimated Liabilities</b> <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>		<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion			

B1 (Official Form 1)(1/08)

Page 2

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Christman, Janice M****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **Northern District of Illinois**

Case Number:

**03-10465**

Date Filed:

**3/07/03**

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

**- None -**

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ Michael White****May 2, 2008**

Signature of Attorney for Debtor(s)

(Date)

**Michael White 3001830****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Christman, Janice M****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Janice M Christman**Signature of Debtor **Janice M Christman****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**May 2, 2008**

Date

**Signature of Attorney\*****X /s/ Michael White**

Signature of Attorney for Debtor(s)

**Michael White 3001830**

Printed Name of Attorney for Debtor(s)

**Michael White**

Firm Name

**30 North LaSalle Street  
Suite 2024  
Chicago, IL 60602-3355**

Address

Email: **MWhit1967@aol.com****312-236-4544 Fax: 312-236-0182**

Telephone Number

**May 2, 2008**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court  
Northern District of Illinois

In re Janice M Christman

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

**Official Form 1, Exh. D (10/06) - Cont.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Janice M Christman  
Janice M Christman

Date: May 2, 2008

B6D (Official Form 6D) (12/07)

In re **Janice M Christman**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. <b>2168134</b>			<b>2000</b>					
<b>Citifinancial Mortgage</b> <b>P.O. Box 9438</b> <b>Dept. 0251</b> <b>Gaithersburg, MD 20898-9438</b>		-	<b>First Mortgage</b>  <b>Single Family Residence</b> <b>12736 South Parnell Avenue</b> <b>Chicago, IL 60628-7112</b>		X		<b>77,500.00</b>	<b>0.00</b>
			Value \$ <b>106,000.00</b>					
Account No. <b>979088</b>			<b>Purchase Money Security</b>					
<b>Household Auto Finance</b> <b>P.O. Box 17903</b> <b>San Diego, CA 92177-7903</b>		-	<b>2001 Mitsubishi Galant</b>				<b>7,025.83</b>	<b>2,025.83</b>
			Value \$ <b>5,000.00</b>					
Account No. <b>50000000979088</b>			<b>2002</b>					
<b>HSBC Auto Finance</b> <b>P.O. Box 17904</b> <b>San Diego, CA 92177</b>		-	<b>Purchase Money Security</b>  <b>2004 Mercury Sable 4 Door</b>		X		<b>23.00</b>	<b>23.00</b>
			Value \$ <b>0.00</b>					
Account No.								
			Value \$					
Subtotal (Total of this page)							<b>84,548.83</b>	<b>2,048.83</b>
Total (Report on Summary of Schedules)							<b>84,548.83</b>	<b>2,048.83</b>

0 continuation sheets attached

B6E (Official Form 6E) (12/07)

In re **Janice M Christman**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re **Janice M Christman**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. <b>PAS F906643 IL</b>  <b>City of Chicago</b> <b>P.O. Box 88292</b> <b>Chicago, IL 60680-1292</b>		-	<b>Parking Tickets</b>		X		<b>440.00</b>	<b>0.00</b>  <b>440.00</b>
Account No. <b>PIN #: 25-33-105-036-0000</b>  <b>Cook County Treasurer</b> <b>P.O. Box 4488</b> <b>Carol Stream, IL 60197-4488</b>		-	<b>September 2007</b>  <b>Real Estate Property Taxes</b>		X		<b>867.99</b>	<b>0.00</b>  <b>867.99</b>
Account No. <b>PIN # 25-33-105-036-0000</b>  <b>Cook County Treasurer</b> <b>P.O. Box 4488</b> <b>Carol Stream, IL 60197-4488</b>		-	<b>2007</b>  <b>Real Estate Property Taxes</b>		X		<b>417.92</b>	<b>0.00</b>  <b>417.92</b>
Account No.								
Account No.								
Account No.								
Subtotal (Total of this page)							<b>1,725.91</b>	<b>0.00</b> <b>1,725.91</b>
Total (Report on Summary of Schedules)							<b>1,725.91</b>	<b>0.00</b> <b>1,725.91</b>

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims



B6F (Official Form 6F) (12/07)

In re Janice M Christman, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>3696-05051</b>  <b>ABC Financial Services</b> <b>P.O. Box 6800</b> <b>North Little Rock, AR 72124</b>		-	<b>Unsecured Loan</b>		X		<b>115.45</b>
Account No. <b>204562383</b>  <b>Advocate Health Care</b> <b>4601 Sauk Trail</b> <b>Richton Park, IL 60471</b>		-	<b>2002 Medical Services</b>		X		<b>150.00</b>
Account No. <b>20456238-3</b>  <b>Advocate Trinity Hospital</b> <b>2320 East 93rd Street</b> <b>Chicago, IL 60617</b>		-	<b>2002 Hospital Services</b>		X		<b>150.00</b>
Account No. <b>357-48-9488</b>  <b>Advocate Trinity Hospital</b> <b>2320 East 93rd Street</b> <b>Chicago, IL 60617</b>		-	<b>Hospital Services</b>		X		<b>175.00</b>
Subtotal (Total of this page)							<b>590.45</b>

9 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Janice M Christman Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>2023356544</b>  <b>AFNI</b> <b>404 Brock Drive</b> <b>P.O. Box 3097</b> <b>Bloomington, IL 61702-3097</b>	-	<b>2006</b> <b>Trade debt</b>		<b>X</b>		<b>1,000.00</b>
Account No.  <b>Alan Kushner D.D.S. &amp; Assoc.</b> <b>205 North Michigan Avenue</b> <b>Suite 2214</b> <b>Chicago, IL 60601</b>	-	<b>Trade debt</b>		<b>X</b>		<b>11.10</b>
Account No. <b>00723225260</b>  <b>American Family Insurance</b> <b>Payment Processing Center</b> <b>P.O. Box 709</b> <b>Needham Heights, MA 02494-0005</b>	-	<b>2002</b> <b>Trade debt</b>		<b>X</b>		<b>88.14</b>
Account No. <b>4500603565</b> Invoice No.  <b>American Medical Collection Agency</b> <b>P.O. Box 1235</b> <b>Elmsford, NY 10523-0935</b>	-	<b>4/7/2007</b> <b>Trade debt</b>		<b>X</b>		<b>119.50</b>
Account No. <b>4465 1110 0893 506</b>  <b>Arrow Financial Services, Inc.</b> <b>5996 West Touhy Ave.</b> <b>Niles, IL 60714</b>	-	<b>Credit Card Purchases</b>		<b>X</b>		<b>3,501.64</b>
Sheet no. <u>1</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>4,720.38</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Janice M Christman**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. 01-0300008798300031533600		-	Cable Television Service		X		104.58	
AT&T Broadband 1225 West North Avenue Chicago, IL 60622-1555								
Account No. 007 007408		-	Trade debt		X		95.00	
Bank Financial 6415 West 95th Street Chicago Ridge, IL 60415-9902								
Account No. 8599257-840M04088 011997		-	Credit Card Purchases		X		40.88	
BMG Music Service P.O. Box 91545 Indianapolis, IN 46291-0545								
Account No. 5570-0917-8025-7398		-	Credit Card Purchases		X		850.00	
Capital One Bank c/o Capital Management Services, LP 726 Exchange St. - Suite 700 Buffalo, NY 14210								
Account No. 4121-7416-6438-8662		-	2000 Credit Card Purchases		X		111.00	
Capital One Bank USA NA P.O. Box 30281 Salt Lake City, UT 84130-0281								
Sheet no. 2 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,201.46

B6F (Official Form 6F) (12/07) - Cont.

In re **Janice M Christman**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>4121-7417-5556-4387</b>  <b>Capital One Bank USA NA</b> <b>P.O. Box 30281</b> <b>Salt Lake City, UT 84130-0281</b>	-	<b>2000</b> <b>Credit Card Purchases</b>		<b>X</b>		<b>800.00</b>
Account No. <b>4328535</b>  <b>Chicago Tribune</b> <b>c/o Biehl &amp; Biehl</b> <b>P.O. Box 87410</b> <b>Carol Stream, IL 60188-7410</b>	-	<b>Trade debt</b>		<b>X</b>		<b>25.87</b>
Account No. <b>01428737</b>  <b>City of Chicago</b> <b>EMS</b> <b>33589 Treasury Center</b> <b>Chicago, IL 60694</b>	-	<b>11/29/07</b> <b>Trade debt</b>		<b>X</b>		<b>100.00</b>
Account No. <b>140045-140045</b>  <b>City of Chicago</b> <b>The Department of Water Management</b> <b>P.O. Box 6330</b> <b>Chicago, IL 60680-6330</b>	-	<b>Trade debt</b>		<b>X</b>		<b>601.31</b>
Account No. <b>33794911</b>  <b>CMI</b> <b>4200 International Parkway</b> <b>Carrollton, TX 75007-1912</b>	-	<b>2006</b> <b>Trade debt</b>		<b>X</b>		<b>342.00</b>
Sheet no. <u>3</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,869.18</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Janice M Christman**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>6954901</b>		-	<b>2002</b> <b>Trade debt</b>				<b>50.00</b>
<b>Collection Systems, Inc.</b> <b>8 South Michigan</b> <b>Suite 618</b> <b>Chicago, IL 60603</b>							
Account No. <b>7458501</b>		-	<b>2002</b> <b>Trade debt</b>		<b>X</b>		<b>75.00</b>
<b>Collection Systems, Inc.</b> <b>8 South Michigan</b> <b>Suite 618</b> <b>Chicago, IL 60603</b>							
Account No. <b>9124201</b>		-	<b>2002</b> <b>Trade debt</b>		<b>X</b>		<b>75.00</b>
<b>Collection Systems, Inc.</b> <b>8 South Michigan</b> <b>Suite 618</b> <b>Chicago, IL 60603</b>							
Account No. <b>50520011532</b>		-	<b>Trade debt</b>		<b>X</b>		<b>112.00</b>
<b>Columbia House DVD Club</b> <b>Customer Service Center</b> <b>P.O. Box 91605</b> <b>Indianapolis, IN 46291-0605</b>							
Account No. <b>9379005007</b>		-	<b>Electric Utility Services</b>		<b>X</b>		<b>800.00</b>
<b>ComEd</b> <b>Customer Care Center</b> <b>P.O. Box 87522</b> <b>Chicago, IL 60680-6330</b>							
Sheet no. <u>4</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							<b>1,112.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Janice M Christman**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>Drs. Michet, Michet &amp; Michet</b> <b>9541 So. Pulaski Road</b>	-					<b>0.00</b>
Account No. <b>T9650933-MW-ST510-999</b>		<b>Medical Services</b>				
<b>Drs. Michet, Michet &amp; Michet</b> <b>9541 So. Pulaski Road</b> <b>Evergreen Park, IL 60805-1911</b>	-			<b>X</b>		<b>38.75</b>
Account No.		<b>2002</b> <b>Trade debt</b>				
<b>Enterprise Rent-A-Car</b> <b>7518 West 98th Place</b> <b>Bridgeview, IL 60455-2312</b>	-			<b>X</b>		<b>450.00</b>
Account No. <b>532902607296</b>		<b>2004</b> <b>Credit Card Purchases</b>				
<b>FIA Csna</b> <b>4050 Ogletown/Station Rd.</b> <b>DE5-019-03-07</b> <b>Newark, DE 19713</b>	-			<b>X</b>		<b>993.00</b>
Account No. <b>98757398892003555</b>		<b>2003</b> <b>Credit Card Purchases</b>				
<b>Heller &amp; Frisone</b> <b>33 North LaSalle Street</b> <b>Suite 1200</b> <b>Chicago, IL 60602-2603</b>	-			<b>X</b>		<b>222.00</b>
Sheet no. <u>5</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,703.75</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Janice M Christman**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>625441</b>		<b>Trade debt</b>				
<b>Ice Mountain c/o The Bureaus, Inc. 1717 Central Street Chicago, IL 60678-1353</b>	-			<b>X</b>		<b>80.44</b>
Account No. <b>1138772551</b>		<b>Trade debt</b>				
<b>Ladies Home Journal Billing Center 1716 Locust Street Des Moines, IA 50309-3023</b>	-			<b>X</b>		<b>17.46</b>
Account No. <b>3FX34709</b>		<b>Local and Long Distance Telephone Service</b>				
<b>MCI Consumer Markets Denver, CO 80217-0890</b>	-			<b>X</b>		<b>0.00</b>
Account No. <b>7734681701</b>		<b>Telephone Services</b>				
<b>New Millenium Telecommunications 2019 West 95th Street Chicago, IL 60643</b>	-			<b>X</b>		<b>40.45</b>
Account No. <b>86098</b>		<b>Trade debt</b>				
<b>Northwestern Internists, Ltd. 676 North St. Clair Suite 415 Chicago, IL 60611</b>	-			<b>X</b>		<b>46.00</b>
Sheet no. <u>6</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>184.35</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Janice M Christman**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>369664</b>			<b>12/19, 12/20/ &amp; 12/27/2007</b>				
<b>Northwestern Memorial Physicians</b> <b>75 Remittance Drive</b> <b>Suite #1293</b> <b>Chicago, IL 60675-1293</b>		-	<b>Trade debt</b>		X		
Account No. <b>M122002-93-828</b>			<b>Unsecured Loan</b>				
<b>Payday Loan Store - Lansing</b> <b>c/o Mages &amp; Price</b> <b>102 Wilmot Road - Suite 410</b> <b>Deerfield, IL 60015</b>		-			X		
Account No. <b>2500041465034</b>			<b>2005</b> <b>Gas Utility Services</b>				
<b>People's Energy</b> <b>130 East Randolph Drive</b> <b>17th Floor</b> <b>Chicago, IL 60601</b>		-			X		
Account No. <b>2500048784682</b>			<b>2007</b> <b>Gas Utility Services</b>				
<b>People's Energy</b> <b>130 E. Randolph Drive</b> <b>17th Floor</b> <b>Chicago, IL 60601</b>		-			X		
Account No. <b>2 5000 1297 0243</b>			<b>Gas Utility Services</b>				
<b>People's Energy</b> <b>Chicago, IL 60687-0001</b>		-			X		
Sheet no. <u>7</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>6,858.79</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Janice M Christman**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 3709729		-	2002 Trade debt		X	136.00
Receivables Performance P.O.Box 768 Bothell, WA 98041						
Account No. 357-48-9488		-	Hospital Services		X	200.00
Roseland Community Hospital 45 West 111th Street Chicago, IL 60628						
Account No. 065555269 1		-	Telephone Services		X	178.73
Sprint PCS P.O. Box 219554 Kansas City, MO 64121-9554						
Account No. 7864580		-	2006 Trade debt			69.00
State Collection Service P.O. Box 6250 Madison, WI 53701						
Account No. 3085030		-	Bank Overdraft		X	80.96
TCF Bank c/o Professional Account Mgmt., LLC P.O. Box 391 Milwaukee, WI 53201-0391						
Sheet no. 8 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 664.69

B6F (Official Form 6F) (12/07) - Cont.

In re Janice M Christman, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>208416123 0048230 (NCO-55312U)</b>		<b>Trade debt</b>				<b>34.00</b>
<b>Windy City Physicians c/o NCO Financial Systems, Inc. 507 Prudential Road Horsham, PA 19044</b>	-					
Account No.						
Account No.						
Account No.						
Account No.						
Sheet no. <u>9</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>34.00</b>
Subtotal (Total of this page)						
Total (Report on Summary of Schedules)						<b>18,939.05</b>

ABC Financial Services  
P.O. Box 6800  
North Little Rock, AR 72124

Advocate Health Care  
4601 Sauk Trail  
Richton Park, IL 60471

Advocate Trinity Hospital  
2320 East 93rd Street  
Chicago, IL 60617

Advocate Trinity Hospital  
2320 East 93rd Street  
Chicago, IL 60617

AFNI  
404 Brock Drive  
P.O. Box 3097  
Bloomington, IL 61702-3097

Alan Kushner D.D.S. & Assoc.  
205 North Michigan Avenue  
Suite 2214  
Chicago, IL 60601

American Family Insurance  
Payment Processing Center  
P.O. Box 709  
Needham Heights, MA 02494-0005

American Medical Collection Agency  
P.O. Box 1235  
Elmsford, NY 10523-0935

Arrow Financial Services, Inc.  
5996 West Touhy Ave.  
Niles, IL 60714

AT&T Broadband  
1225 West North Avenue  
Chicago, IL 60622-1555

Bank Financial  
6415 West 95th Street  
Chicago Ridge, IL 60415-9902

BMG Music Service  
P.O. Box 91545  
Indianapolis, IN 46291-0545

Capital One Bank  
c/o Capital Management Services, LP  
726 Exchange St. - Suite 700  
Buffalo, NY 14210

Capital One Bank USA NA  
P.O. Box 30281  
Salt Lake City, UT 84130-0281

Capital One Bank USA NA  
P.O. Box 30281  
Salt Lake City, UT 84130-0281

Chicago Tribune  
c/o Biehl & Biehl  
P.O. Box 87410  
Carol Stream, IL 60188-7410

Citifinancial Mortgage  
P.O. Box 9438  
Dept. 0251  
Gaithersburg, MD 20898-9438

City of Chicago  
EMS  
33589 Treasury Center  
Chicago, IL 60694

City of Chicago  
The Department of Water Management  
P.O. Box 6330  
Chicago, IL 60680-6330

City of Chicago  
P.O. Box 88292  
Chicago, IL 60680-1292

CMI  
4200 International Parkway  
Carrollton, TX 75007-1912

Collection Systems, Inc.  
8 South Michigan  
Suite 618  
Chicago, IL 60603

Collection Systems, Inc.  
8 South Michigan  
Suite 618  
Chicago, IL 60603

Collection Systems, Inc.  
8 South Michigan  
Suite 618  
Chicago, IL 60603

Columbia House DVD Club  
Customer Service Center  
P.O. Box 91605  
Indianapolis, IN 46291-0605

ComEd  
Customer Care Center  
P.O. Box 87522  
Chicago, IL 60680-6330

Cook County Treasurer  
P.O. Box 4488  
Carol Stream, IL 60197-4488

Cook County Treasurer  
P.O. Box 4488  
Carol Stream, IL 60197-4488

Drs. Michet, Michet & Michet  
9541 So. Pulaski Road

Drs. Michet, Michet & Michet  
9541 So. Pulaski Road  
Evergreen Park, IL 60805-1911

Enterprise Rent-A-Car  
7518 West 98th Place  
Bridgeview, IL 60455-2312

FIA Csna  
4050 Ogletown/Station Rd.  
DE5-019-03-07  
Newark, DE 19713

Heller & Frisone  
33 North LaSalle Street  
Suite 1200  
Chicago, IL 60602-2603

Household Auto Finance  
P.O. Box 17903  
San Diego, CA 92177-7903

HSBC Auto Finance  
P.O. Box 17904  
San Diego, CA 92177

Ice Mountain  
c/o The Bureaus, Inc.  
1717 Central Street  
Chicago, IL 60678-1353

Ladies Home Journal  
Billing Center  
1716 Locust Street  
Des Moines, IA 50309-3023

MCI  
Consumer Markets  
Denver, CO 80217-0890

New Millenium Telecommunications  
2019 West 95th Street  
Chicago, IL 60643

Northwestern Internists, Ltd.  
676 North St. Clair  
Suite 415  
Chicago, IL 60611

Northwestern Memorial Physicians  
75 Remittance Drive  
Suite #1293  
Chicago, IL 60675-1293

Payday Loan Store - Lansing  
c/o Mages & Price  
102 Wilmot Road - Suite 410  
Deerfield, IL 60015

People's Energy  
130 East Randolph Drive  
17th Floor  
Chicago, IL 60601

People's Energy  
130 E. Randolph Drive  
17th Floor  
Chicago, IL 60601

People's Energy  
Chicago, IL 60687-0001

Receivables Performance  
P.O.Box 768  
Bothell, WA 98041

Roseland Community Hospital  
45 West 111th Street  
Chicago, IL 60628

Sprint PCS  
P.O. Box 219554  
Kansas City, MO 64121-9554

State Collection Service  
P.O. Box 6250  
Madison, WI 53701

TCF Bank  
c/o Professional Account Mgmt., LLC  
P.O. Box 391  
Milwaukee, WI 53201-0391

Windy City Physicians  
c/o NCO Financial Systems, Inc.  
507 Prudential Road  
Horsham, PA 19044